Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Mai Document Page 1 of 44

|   | Doddinent rage   |
|---|--|
| Fill in this information to identify your case: |  |
| United States Bankruptcy Court for the:         |  |
| Western District of Pennsylvania                |  |
| Case number (If known): 22-21160-TPA            | Chapter you are filing under:  ✓ Chapter 7  □ Chapter 11  □ Chapter 12  □ Chapter 13 |

Check if this is an 2022 JUL 18 appended fring

Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

06/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

|  | Alexandra                  |   |
|--|----------------------------|---|
|  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name   |                            |   |
| Write the name that is on your government-issued picture         | Iviaita                    |   |
| identification (for example, your driver's license or            | First name                 | First name                                    |
| passport).   | Middle name                | Middle name                                   |
| Bring your picture   | Messenger                  |   |
| identification to your meeting with the trustee.                 | Last name                  | Last name                                     |
| ·  | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
|  |                            |   |
| 2. All other names you   |                            |   |
| have used in the last 8 years                                    | First name                 | First name                                    |
| Include your married or maiden names.                            | Middle name                | Middle name                                   |
| !  | Last name                  | Last name                                     |
|  | First name                 | First name                                    |
|  | Middle name                | Middle name                                   |
|  | Last name                  | Last name                                     |
|  |                            |   |
|  |                            |   |
| <ol><li>Only the last 4 digits of your Social Security</li></ol> | xxx - xx - <u>8 5 6 5</u>  | xxx - xx                                      |
| number or federal  | OR                         | OR  |
| Individual Taxpayer  |                            |   |
| Identification number (ITIN)                                     | 9 xx - xx                  | 9 xx - xx                                     |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 2 of 44

Debtor 1

| Maria Me   | ssenger     |           | Case number (# known)_ 22-21160-TPA |
|------------|-------------|-----------|-------------------------------------|
| First Name | Middle Name | Last Name |                                     |

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in | ☑ I have not used any business names or EINs.   | ☐ I have not used any business names or EINs.  |
|    | the last 8 years   | Business name   | Business name  |
|    | Include trade names and doing business as names  | Business name   | Business name  |
|    |  | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   | -   | If Debtor 2 lives at a different address:  |
|    |  | 211 Jefferson Ave   |  |
|    |  | Number Street   | Number Street  |
|    |  | Brownsville Pa 1541   |  |
|    |  | City State ZIP Code   | City State ZIP Code  |
|    |  | Washington  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  | P.O. Box  | P.O. Box   |
|    |  | City State ZIP Code   | City State ZIP Code  |
| 6. | Why you are choosing   | Check one:  | Check one:   |
|    | this district to file for bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    | -  |   |  |
|    |  |   |  |
|    |  |   |  |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 3 of 44

Debtor 1

| Maria I    | Messenger   |           | Case number (If known) 22-21160-TPA |
|------------|-------------|-----------|-------------------------------------|
| First Name | Middle Name | Last Name |                                     |

| Pá  | art 2: Tell the Court Abou                         | ıt Your B   | ankrup   | otcy Case  |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you             | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |  |  |  |  |  |  |  |
|     | are choosing to file                               | ☑ Chapter 7   |  |  |  |  |  |  |  |
|     | under  | ☐ Chap  | oter 11  |  |  |  |  |  |  |
|     |  | ☐ Cha   | oter 12  |  |  |  |  |  |  |
|     |  | ☐ Cha <sub>l</sub>  | oter 13  |  |  |  |  |  |  |
| 8.  | How you will pay the fee                           | local<br>your<br>subr   | ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. |  |  |  |  |  |  |
|     |  |   |  |  |  |  | tion, sign and attach the<br>nts (Official Form 103A).   |  |  |
|     |  | By la<br>less<br>pay  | w, a ju<br>than 15<br>the fee  | dge may, but is not re<br>50% of the official pove | quired to, verty line that<br>choose the | waive your fee, a<br>at applies to you<br>is option, you m | ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> with your petition. |  |  |
| 9.  | Have you filed for                                 | ☑ No  |  |  |  |  |  |  |  |
|     | bankruptcy within the last 8 years?                | Yes.  | District   |  | When                                     | MANA / DD / VOOOV  | Case number  |  |  |
|     |  |   | District   |  | When                                     |  |  |  |  |
|     |  |   |  |  |  |  | Case number  |  |  |
|     |  |   | District   |  | When                                     | MM / DD / YYYY   | Case number  |  |  |
| 10  | Are any bankruptcy                                 | ☑ No  |  |  |  |  |  |  |  |
|     | cases pending or being                             |   | Debtor   |  |  |  | Relationship to you  |  |  |
|     | filed by a spouse who is not filing this case with | <b>—</b> 100.   |  |  | When                                     |  | Case number, if known  |  |  |
|     | you, or by a business partner, or by an affiliate? |   |  |  |  | MM / DD / YYYY   |  |  |  |
|     |  |   | Debtor   |  |  |  | Relationship to you  |  |  |
|     |  |   | District   |  | When                                     | MM / DD / YYYY   | Case number, if known  |  |  |
| 11. | Do you rent your residence?                        | ☑ No.<br>☐ Yes.   | □ No   | our landlord obtained an e                         | nt About an I                            |  | ?<br>* Against You (Form 101A) and file it as  |  |  |
|     |  |   |  |  |  |  |  |  |  |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 4 of 44

| Debtor | 1 |  |
|--------|---|--|
|        |   |  |

|            |  |           | · · |                                      |
|------------|--|-----------|-----|--------------------------------------|
|            |  |           |     |                                      |
| Maria N    | Messenaer                              |           |     | Case number (if known) 22-21160-TPA  |
| mana       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |     | Case number (if known) LL LITOS II / |
| First Name | Middle Name                            | Last Name |     |                                      |

| Pa  | rrt 3: Report About Any E   | Businesses You Own as a Sole Proprietor  |
|-----|---|--|
| 12. | Are you a sole proprietor   | ☑ No. Go to Part 4.  |
|     | of any full- or part-time business?   | ☐ Yes. Name and location of business   |
|     | A sole proprietorship is a  |  |
|     | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or  | Name of business, if any  Number Street  |
|     | LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it   |  |
|     | to this petition.   | City State ZIP Code  |
|     | •   | Check the appropriate box to describe your business:   |
|     |   | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  |
|     |   | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |   | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))   |
|     |   | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  |
|     |   | ☐ None of the above  |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11.  No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. |
|     |   | ☐ Yes. Lam filing under Chapter 11. Lam a debtor according to the definition in § 1182(1) of the   |

Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

## Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Mair Document Page 5 of 44

Case number (if known) 22-21160-TPA Maria Messenger Debtor 1 Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ✓ No property that poses or is ☐ Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? \_ immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street City State ZIP Code Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Mail Document Page 6 of 44

Debtor 1

Maria Messenger

-----

Case number (if known) 22-21160-TPA

Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am | not   | required | l to | receive  | а   | briefing | about |
|------|-------|----------|------|----------|-----|----------|-------|
| cred | it co | unselin  | d t  | ecause d | of: |          |       |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of:                 |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Page 7 of 44 Document

| De | htor | 1 |
|----|------|---|

Maria Messenger
First Name Middle Name

Last Name

Case number (if known) 22-21160-TPA

| Pa  | ort 6: Answer These Ques   | ations for Reporting Purposes   |   |   |  |  |  |
|-----|--|---|---|---|--|--|--|
| 16. | What kind of debts do you have?  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."   |   |   |  |  |  |
|     | you nave:  | <ul><li>No. Go to line 16b.</li><li>✓ Yes. Go to line 17.</li></ul>   |   |   |  |  |  |
|     |  | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to<br>money for a business or investment or through the operation of the business or investment.   |   |   |  |  |  |
|     |  | <ul><li>✓ No. Go to line 16c.</li><li>✓ Yes. Go to line 17.</li></ul>   |   |   |  |  |  |
|     |  | 16c. State the type of debts you owe  | e that are not consumer debts or busines  | s debts.  |  |  |  |
| 17. | Are you filing under Chapter 7?  | ☐ No. I am not filing under Chapte  | er 7. Go to line 18.  |   |  |  |  |
|     | Do you estimate that after any exempt property is                              | Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  |   |   |  |  |  |
|     | excluded and administrative expenses   | ☑ No  | •   |   |  |  |  |
|     | are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes   |   |   |  |  |  |
| 18. | How many creditors do  | <b>1</b> -49  | 1,000-5,000   | 25,001-50,000   |  |  |  |
|     | you estimate that you owe?   | ☐ 50-99<br>☐ 100-199  | □ 5,001-10,000<br>□ 10,001-25,000   | ☐ 50,001-100,000<br>☐ More than 100,000                             |  |  |  |
|     |  | 200-999   |   |   |  |  |  |
| 19. | How much do you  | <b>2</b> \$0-\$50,000   | \$1,000,001-\$10 million  | \$500,000,001-\$1 billion   |  |  |  |
|     | estimate your assets to be worth?  | □ \$50,001-\$100,000<br>□ \$100,001-\$500,000   | □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million  | \$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion       |  |  |  |
|     |  | □ \$500,001-\$1 million   | □ \$100,000,001-\$500 million   | ☐ More than \$50 billion  |  |  |  |
| 20. | How much do you  | \$0-\$50,000  | \$1,000,001-\$10 million  | \$500,000,001-\$1 billion   |  |  |  |
|     | estimate your liabilities to be?   | □ \$50,001-\$100,000<br>□ \$100,001-\$500,000   | \$10,000,001-\$50 million<br>\$50,000,001-\$100 million   | □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion      |  |  |  |
|     |  | \$500,001-\$1 million   | \$100,000,001-\$500 million   | ☐ More than \$50 billion  |  |  |  |
| Pa  | art 7: Sign Below  |   |   |   |  |  |  |
| Fo  | or you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  |   |   |  |  |  |
|     |  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |   |  |  |  |
|     |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |   |   |  |  |  |
|     |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |   |   |  |  |  |
|     |  | I understand making a false statement with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and  | ent, concealing property, or obtaining mon<br>fines up to \$250,000, or imprisonment for<br>3571. | oney or property by fraud in connection or up to 20 years, or both. |  |  |  |
|     |  | * Mula Mussey   | Signature of  | Dehtor 2  |  |  |  |
|     |  | Signature of Debtor 1   | Signature of  | DGN(U) Z  |  |  |  |
|     |  | Executed on MM / DD / YYY   | $rac{LV}{Y}$ Executed on   | MM / DD / YYYY  |  |  |  |

# Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 8 of 44

| r your attorney, if you are presented by one                         | I, the attorney for the debtor(s) named in this to proceed under Chapter 7, 11, 12, or 13 of t available under each chapter for which the pethe notice required by 11 U.S.C. § 342(b) and knowledge after an inquiry that the information | itle 11, United States Code, an<br>rson is eligible. I also certify th<br>, in a case in which § 707(b)(4) | d have e:<br>at I have | xplained the relief<br>e delivered to the debtor(s |
|--|---|--|------------------------|--|
| presented by one   | to proceed under Chapter 7, 11, 12, or 13 of tavailable under each chapter for which the pethe notice required by 11 U.S.C. § 342(b) and  | itle 11, United States Code, an<br>rson is eligible. I also certify th<br>, in a case in which § 707(b)(4) | d have e:<br>at I have | xplained the relief<br>e delivered to the debtor(s |
| are not represented  | knowledge after an inquiry that the information   | in the schedules filed with the  |                        | ies certity that I have no                         |
| ou are not represented an attorney, you do not ed to file this page. | 4.0   | THE HIG SOFTOGGIOS THOSE WITH THE  | petition               | is incorrect.                                      |
| ed to me triis page.   | *   | Date   |                        | DD ()000/  |
|  | Signature of Attorney for Debtor  |  | MM /                   | DD /YYYY   |
|  |   |  |                        |  |
|  | Printed name  |  |                        |  |
|  |   |  |                        |  |
|  | Firm name   |  |                        |  |
|  | Number Street   |  |                        |  |
|  |   |  |                        |  |
|  | City  | State  | ZIP Cod                | e  |
|  |   |  |                        |  |
|  | Contact phone   | Email address  |                        | ·  |
|  |   |  |                        |  |
|  |   | · · · · · · · · · · · · · · · · · · ·  |                        |  |
|  | Bar number  | State  | _                      |  |
|  |   |  |                        |  |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Page 9 of 44 Document

Debtor 1

| Maria     | Maria Messenger |  |
|-----------|-----------------|--|
| iret Nama | Middle Name     |  |

Last Name

22-21160-TPA Case number (if known)

For you if you are filing this bankruptcy without an attorney

First Name

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?  |  |  |  |  |  |
|--|--|--|--|--|--|
| ☐ No ☑ Yes   |  |  |  |  |  |
| Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?   |  |  |  |  |  |
| ☐ No ☑ Yes   |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attor  | rney to help you fill out your bankruptcy forms? |  |  |  |  |
| Yes. Name of Person  | aration, and Signature (Official Form 119).      |  |  |  |  |
| By signing here, I acknowledge that I understand the risk<br>have read and understood this notice, and I am aware th<br>attorney may cause me to lose my rights or property if I of  | at filing a bankruptcy case without an           |  |  |  |  |
| e Mala Massure x   |  |  |  |  |  |
| Signature of Debtor 1  | Signature of Debtor 2                            |  |  |  |  |
| Signature of Debtor 1  Date  This is the state of the sta | Date MM / DD / YYYY                              |  |  |  |  |
| Contact phone  | Contact phone                                    |  |  |  |  |
| Cell phone   | Cell phone                                       |  |  |  |  |

Email address

Fmail address

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Mai Document Page 10 of 44

|  |  | filing:  |  |
|--|--|--|--|
| Maria  |  | Messenger                                      |  |
| First Name   | Middle Name                                | Last Name                                      |  |
| Debtor 2   |  |  |  |
| First Name   | Middle Name                                | Last Name                                      |  |
| (Spouse, if filing) First Name Middle Nai  United States Bankruptcy Court for the: Western D |  |  |  |
|  | First Name First Name  Bankruptcy Court fo | First Name Middle Name  First Name Middle Name |  |

Check if this is an amended filing

#### Official Form 106A/B

#### **Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| .1.         | 211 Jefferson Ave Street address, if available, or other description |             |                   | What is the property? Check all that apply.  ✓ Single-family home  □ Duplex or multi-unit building  □ Condominium or cooperative  □ Manufactured or mobile home  □ Land | Do not deduct secured claims or exemptions. Put<br>the amount of any secured claims on Schedule in<br>Creditors Who Have Claims Secured by Propert |                                  |
|-------------|--|-------------|-------------------|---|--|----------------------------------|
|             |  |             | escription        |   | Current value of the entire property?  | Current value of portion you own |
|             | Brownsville<br>City  | Pa<br>State | 15417<br>ZIP Code | ☐ Investment property ☐ Timeshare ☐ Other  Who has an interest in the property? Check one.  | Describe the nature of your ownership interest (such as fee simple, tenancy I the entireties, or a life estate), if known                          |                                  |
|             | Washington<br>County   |             |                   | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it                          | Check if this is co (see instructions)   | mmunity property                 |
| you<br>1.2. | own or have more than o  |             |                   | what is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain  | d claims on <i>Śchedul</i> e     |
|             | Greet address, if available,   |             | escription        | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land   | Current value of the entire property?  | Current value of portion you own |
|             | City   | State       | ZIP Code          | ☐ Investment property ☐ Timeshare ☐ Other   | Describe the nature of interest (such as fee the entireties, or a life   | simple, tenancy b                |
|             |  |             |                   | Who has an interest in the property? Check one.  Debtor 1 only  |  |                                  |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 11 of 44 Case number (if known) 22-21160-TPA

Debtor 1

Maria Last Name Middle Name

| 1.5                         | Street address, if available, or other descrip  City State ZIF   |  | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?  S  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |  |
|-----------------------------|--|--|--|--|--|
|                             | County   |  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this ite property identification number:                                    | Check if this is co<br>(see instructions)<br>em, such as local   |  |
|                             |  | -  | ll of your entries from Part 1, including any entrie<br>here.  | _  | \$85000  |
| Part 2                      |  |  | st in any vehicles, whether they are registered or   | not? Include any vehicle   | S  |
| Do you you ow               | u own, lease, or have leg<br>in that someone else drive<br>s, vans, trucks, tractors   | gal or equitable intereses. If you lease a vehicle   | e, also report it on Schedule G: Executory Contracts   |  | 3  |
| Do you you ow               | u own, lease, or have leg<br>in that someone else drive<br>is, vans, trucks, tractors<br>No<br>Yes<br>Make:  | gal or equitable intereses. If you lease a vehicle   | e, also report it on Schedule G: Executory Contracts   | and Unexpired Leases.  Do not deduct secured clathe amount of any secure   | aims or exemptions. Put<br>d claims on <i>Schedule D</i> :   |
| Do you you ow               | u own, lease, or have leggen that someone else drivens, vans, trucks, tractors No Yes  Make:  Model: Year: Approximate mileage:                      | gal or equitable intereses. If you lease a vehicles, sport utility vehicles                          | e, also report it on Schedule G: Executory Contracts s, motorcycles  Who has an interest in the property? Check one.   | and Unexpired Leases.  Do not deduct secured cla   | aims or exemptions. Put<br>d claims on <i>Schedule D</i> ;   |
| Do you you ow               | u own, lease, or have leg<br>in that someone else drive<br>is, vans, trucks, tractors<br>No<br>Yes<br>Make:<br>Model:<br>Year:                       | gal or equitable interests. If you lease a vehicles, sport utility vehicles  2016  Buick Encore      | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | and Unexpired Leases.  Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the           |
| Do you you ow  3. Car  3.1. | u own, lease, or have leggen that someone else drivens, vans, trucks, tractors No Yes  Make:  Model: Year: Approximate mileage:                      | gal or equitable intereses. If you lease a vehicles, sport utility vehicles  2016 Buick Encore 85110 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?   | aims or exemptions. Put. d claims on <i>Schedule D:</i> ns Secured by Property.  Current value of the portion you own? |
| Do you you ow  3. Car  3.1. | wown, lease, or have legan that someone else drivers, vans, trucks, tractors No Yes  Make: Model: Year: Approximate mileage: Other information:      | gal or equitable intereses. If you lease a vehicles, sport utility vehicles  2016 Buick Encore 85110 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?   | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$     |
| Do you you ow 3. Car 3.1.   | u own, lease, or have leggen that someone else drivers, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage: Other information: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles  2016 Buick Encore 85110 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.               | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$   | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$     |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main

Documesten! Page 12 of 44 ase number (# known) 22-21160-TPA **Maria** Debtor 1 Middle Name Last Name

| *************** |                  |  |   |  |  |
|-----------------|------------------|--|---|--|--|
|                 |                  |  | Who has an interest in the property? Cheek are                        |  |  |
|                 | 3.3.             | Make:                                  | Who has an interest in the property? Check one.                       | Do not deduct secured cla<br>the amount of any secured | ims or exemptions. Put<br>I claims on <i>Schedule D:</i> |
|                 |                  | Model:                                 | Debtor 1 only   | Creditors Who Have Clain                               | ns Secured by Property.                                  |
|                 |                  | Year:                                  | Debtor 2 only   | Current value of the                                   | Current value of the                                     |
|                 |                  | Approximate mileage:                   | Debtor 1 and Debtor 2 only  | entire property?                                       | portion you own?   |
|                 | •                |  | At least one of the debtors and another                               |  |  |
|                 |                  | Other information:                     | ☐ Check if this is community property (see                            | \$ ·   | \$   |
|                 |                  |  | instructions)   |  |  |
|                 |                  |  |   |  |  |
|                 |                  | Make:                                  | Who has an interest in the property? Check one.                       | Do not deduct secured cla                              | ims or exemptions. Put                                   |
|                 | 3.4.             |  | Debtor 1 only   | the amount of any secured                              | d claims on Schedule D:                                  |
|                 |                  | Model:                                 | Debtor 2 only   | Creditors Who Have Clain                               | ns Secured by Property.                                  |
|                 |                  | Year:                                  | Debtor 1 and Debtor 2 only  | Current value of the                                   | Current value of the                                     |
|                 |                  | Approximate mileage:                   | At least one of the debtors and another                               | entire property?                                       | portion you own?   |
|                 |                  | Other information:                     |   |  |  |
|                 |                  |  | ☐ Check if this is community property (see                            | \$   | \$   |
|                 |                  |  | instructions)   |  |  |
|                 |                  |  |   |  |  |
|                 |                  |  |   |  |  |
|                 |                  |  |   |  |  |
|                 |                  |  |   |  |  |
| 4.              | Wate             | rcraft, aircraft, motor homes, ATV     | s and other recreational vehicles, other vehicles, and acces          | sories   |  |
|                 | Exam             | nples: Boats, trailers, motors, person | nal watercraft, fishing vessels, snowmobiles, motorcycle accesso      | ories  |  |
|                 | <b>Ø</b> N       | 0                                      |   |  |  |
|                 | □ Y <sub>0</sub> | es                                     |   |  |  |
|                 |                  |  |   |  |  |
|                 | 4.1.             | Make:                                  | Who has an interest in the property? Check one.                       | Do not deduct secured cla                              |  |
|                 |                  | Model:                                 | Debtor 1 only   | the amount of any secure<br>Creditors Who Have Clain   |  |
|                 |                  |  | Debtor 2 only   |  |  |
|                 |                  | Year:                                  | Debtor 1 and Debtor 2 only  | Current value of the                                   | Current value of the                                     |
|                 |                  | Other information:                     | At least one of the debtors and another                               | entire property?                                       | portion you own?   |
|                 |                  |  |   |  |  |
|                 |                  |  | Check if this is community property (see                              | \$   | \$   |
|                 |                  |  | instructions)   |  |  |
|                 |                  |  |   |  |  |
|                 | If you           | own or have more than one, list he     | re:   |  |  |
|                 | ,                |  | Who has an interest in the property? Check one.                       |  |  |
|                 | 4.2.             | Make:                                  |   | Do not deduct secured cla<br>the amount of any secure  |  |
|                 |                  | Model:                                 | Debtor 1 only   | Creditors Who Have Clair                               |  |
|                 |                  | Year:                                  | Debtor 2 only   | Current value of the                                   | Current value of the                                     |
|                 |                  | Other information:                     | ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another | entire property?                                       | portion you own?   |
|                 |                  |  | At least one of the debtors and another                               |  |  |
|                 |                  |  | ☐ Check if this is community property (see                            | \$   | \$   |
|                 |                  |  | instructions)   |  |  |
|                 |                  |  |   |  |  |
|                 |                  |  |   |  | •  |
|                 |                  |  |   |  |  |
|                 |                  |  |   |  |  |
| 5.              |                  |  | own for all of your entries from Part 2, including any entrie         |  | <sub>\$</sub>  |
|                 | you h            | nave attached for Part 2. Write tha    | t number here   | <b>→</b>   |  |
|                 |                  | •                                      |   | ·  | · · · · · · · · · · · · · · · · · · ·                    |
|                 |                  |  |   |  |  |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Maria Page 13 of 44 Case number (# known) 22-21160-TPA

Debtor 1

| lar | ıa |  |
|-----|----|--|
|     |    |  |
|     |    |  |

Part 3: Describe Your Personal and Household Items

| Do you own or have any legal or equitable interest in any of the following items?  | Current value of the portion you own?       |
|--|---|
|  | Do not deduct secured claims or exemptions. |
| 6. Household goods and furnishings   |   |
| Examples: Major appliances, furniture, linens, china, kitchenware  |   |
| □ No □ Yes. Describe Appliances  | \$500                                       |
| 7. Electronics   |   |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musi collections; electronic devices including cell phones, cameras, media players, games  | C   |
| No This is a second of the sec | 100   |
| Yes. Describe Television   | \$  |
| 8. Collectibles of value   |   |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  |   |
| ☑ No ☐ Yes. Describe   | \$  |
| 9. Equipment for sports and hobbies  |   |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe and kayaks; carpentry tools; musical instruments   | es  |
| ☑ No   |   |
| Yes. Describe  |   |
| 10. Firearms   |   |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No   |   |
| Yes. Describe  | \$  |
| 11. Clothes  |   |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No   |   |
| Yes. Describe Everyday clothes   | \$ 250                                      |
| 12. Jewelry  |   |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver  | 1   |
| ☑ No ☐ Yes. Describe   | <b>\$</b>                                   |
| 13. Non-farm animals   | <del>.</del>                                |
| Examples: Dogs, cats, birds, horses  |   |
| ☑ No<br>□ Yes. Describe  | \$  |
| 14. Any other personal and household items you did not already list, including any health aids you did not list  |   |
| ☑ No   |   |
| Yes. Give specific information   | \$  |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here  | \$ <u>\$</u> 850                            |
|  |   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Documesten Page 14 of 44 number (if known) 22-21160-TPA Maria

Debtor 1

**Describe Your Financial Assets** 

| Do you own or have any  | egal or equitable interest in   | any of the following?   |                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|---|---|------------------|---|
| 16. <b>Cash</b> Evamples: Money you b                                   | have in your wallet in your hon                                       | ne, in a safe deposit box, and on hand when you file y  | our petition     |   |
| ✓ No  | nave in your waner, in your non                                       | io, in a said deposit box, and on hand when you me y  | your polition    |   |
|   |   | Ca  | sh:              | \$  |
| 17. <b>Deposits of money</b> <i>Examples</i> : Checking, s and other si | avings, or other financial accou<br>milar institutions. If you have m | ints; certificates of deposit; shares in credit unions, bi<br>iultiple accounts with the same institution, list each. | rokerage houses, |   |
| □ No  |   |   |                  |   |
| <b>☑</b> Yes  |   | Institution name:   |                  |   |
|   | 17.1. Checking account:   | Community Bank  |                  | \$ 80   |
|   | 17.2. Checking account:   |   |                  | \$  |
|   | 17.3. Savings account:  |   |                  | \$  |
|   | 17.4. Savings account:  | <u> </u>  |                  | \$  |
|   | 17.5. Certificates of deposit:  |   |                  | \$  |
|   | 17.6. Other financial account:  |   |                  | \$  |
|   | 17.7. Other financial account:  |   |                  | \$  |
|   | 17.8. Other financial account:  |   | ****             | \$  |
|   | 17.9. Other financial account:  |   |                  | \$  |
|   | or publicly traded stocks<br>investment accounts with brok            | erage firms, money market accounts  |                  |   |
| ☐ Yes   | Institution or issuer name:   |   |                  |   |
|   |   |   |                  | \$  |
|   |   |   |                  | \$  |
|   | <del></del>   |   |                  | \$  |
| 19. Non-publicly traded s<br>an LLC, partnership, a                     |   | rated and unincorporated businesses, including  | an interest in   |   |
| ☑ No  | Name of entity:   | %   | of ownership:    |   |
| Yes. Give specific information about                                    |   |   | •                | \$  |
| them  |   |   |                  | \$  |
| •   |   |   | /0               | Φ   |
|   |   |   |                  |   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Maria Page 15 of 44 Case number (# known) 22-21160-TPA

Debtor 1

| Ма | rıa |
|----|-----|

Middle Name

| 20 | Negotiable instruments in                       | orate bonds and other negotiable and non-negotiable instruments nclude personal checks, cashiers' checks, promissory notes, and money orders.                                       |    |
|----|---|---|----|
|    | Non-negotiable instrume                         | ents are those you cannot transfer to someone by signing or delivering them.  |    |
|    | ✓ No ☐ Yes. Give specific information about     | Issuer name:  |    |
|    | them  |   | \$ |
|    |   |   | \$ |
|    |   |   | Ψ  |
| 21 | Retirement or pension Examples: Interests in IF | accounts<br>RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   |    |
|    | ☑ No  |   |    |
|    | Yes. List each account separately.              | Type of account: Institution name:  |    |
|    |   | 401(k) or similar plan:   | \$ |
|    |   | Pension plan:   | \$ |
|    |   | IRA:  | \$ |
|    |   | Retirement account:   | \$ |
|    | •   | Keogh:  | \$ |
|    |   | Additional account:   | \$ |
|    |   | Additional account:   | \$ |
|    |   |   |    |
| 22 |   | orepayments deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications |    |
|    | No  |   |    |
|    | Yes   | Institution name or individual:   |    |
|    |   | Electric:   | \$ |
|    |   | Gas:  | \$ |
|    |   | Heating oil:  | \$ |
|    |   | Security deposit on rental unit:  | \$ |
|    |   | Prepaid rent:   | \$ |
|    |   | Telephone:  | \$ |
|    |   | Water:  | \$ |
|    |   | Rented furniture:   | \$ |
|    |   | Other:  | \$ |
| 23 | . Annuities (A contract for                     | r a periodic payment of money to you, either for life or for a number of years)   |    |
|    | ☑ No  |   |    |
|    | ☐ Yes   | Issuer name and description:  |    |
|    |   |   | \$ |
|    |   | ·   | \$ |
|    |   |   |    |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 16 of 44 Case number (if known) 22-21160-TPA

Debtor 1

Maria

Middle Name

Last Name

| 24.      | Interests in an education IRA<br>26 U.S.C. §§ 530(b)(1), 529A(b)                  |   | t in a qualified ABLE program, or under a qualified st                                 | ate tuition program.     |   |
|----------|---|---|--|--------------------------|---|
|          | ☑ No  | ,, aa ozo(o)( .                         | ,  |                          |   |
|          | □ v   | Leaff Comment                           |  | 441100000000             |   |
|          |   | institution nam                         | e and description. Separately file the records of any inte                             | rests.11 U.S.C. § 521(c) |   |
|          |   |   |  |                          | \$  |
|          |   |   |  |                          | \$  |
|          |   |   |  |                          | \$  |
|          |   |   |  |                          |   |
| 25.      | Trusts, equitable or future int exercisable for your benefit                      | terests in prop                         | erty (other than anything listed in line 1), and rights                                | or powers                |   |
|          | ☑ No  |   |  |                          |   |
|          | Yes. Give specific  |   | ·  |                          |   |
|          | information about them  |   |  |                          | \$  |
| 00       | Detente convelebte tradema  |   | note and other intellectual manager.   |                          |   |
| 20.      |   |   | rets, and other intellectual property proceeds from royalties and licensing agreements |                          |   |
|          | ☑ No  | ,, ,.                                   | ,  |                          |   |
|          | ☐ Yes. Give specific  |   |  |                          |   |
|          | information about them  |   |  |                          | \$  |
|          | <b>L</b>  |   |  |                          |   |
| 27.      | Licenses, franchises, and oth   | •                                       | <del>-</del>   |                          |   |
|          |   | clusive licenses                        | s, cooperative association holdings, liquor licenses, profe                            | ssional licenses         |   |
|          | ☑ No  | ······································  |  |                          | 1   |
|          | Yes. Give specific information about them   |   |  | •                        | \$  |
|          |   | *************************************** |  |                          |   |
| Mo       | ney or property owed to you?  | ?                                       |  |                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28       | Tax refunds owed to you   |   |  |                          |   |
| 20.      | No  |   |  |                          |   |
|          | Yes. Give specific informati  | ion                                     |  | 1                        |   |
|          | about them, including   | whether                                 |  | Federal: \$              | ·   |
|          | you already filed the re<br>and the tax years                                     |   |  | State: \$                | <u> </u>  |
|          | and the tax years   |   |  | Local: \$                | <u> </u>  |
|          |   | <b>Samman</b>                           |  | •                        |   |
| 29.      | Family support  |   |  |                          |   |
|          |   | um alimony, spo                         | usal support, child support, maintenance, divorce settler                              | nent, property settlemen | t   |
|          | ☑ No  | <b>*</b>                                |  | <b>.</b>                 |   |
|          | Yes. Give specific informati  | tion                                    |  | Alimony:                 | \$  |
|          |   | *************************************** |  | Maintenance:             | \$  |
|          |   | *************************************** |  | Support:                 | \$  |
|          |   | *******                                 |  | Divorce settlement:      | \$  |
|          |   |   |  | Property settlement:     | \$  |
| <b>.</b> | Other amagint   |   |  |                          |   |
| 30.      | Other amounts someone owe<br>Examples: Unpaid wages, disa<br>Social Security bend | ability insurance                       | payments, disability benefits, sick pay, vacation pay, wons you made to someone else   | orkers' compensation,    |   |
|          | ☑ No  |   |  |                          |   |
|          | ☐ Yes. Give specific informati  | ion                                     |  |                          |   |
|          |   |   |  |                          | \$  |
|          |   | *************************************** |  |                          | -   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 17 of 44 Case number (If known) 22-21160-TPA

Debtor 1

Maria

Middle Name

Last Name

| ***************************************            |                                     |  | *************************************** |   |   |
|--|-------------------------------------|--|---|---|---|
| 31. Interests in insurance Examples: Health, disab | •                                   | e; health savings account (HS                                    | SA); credit, homeov                     | wner's, or renter's insurance           |   |
| ☑ No   |                                     |  |   |   |   |
| Yes. Name the insur                                | rance company<br>and list its value | Company name:  |   | Beneficiary:                            | Surrender or refund value:                  |
| • •  |                                     |  |   |   | \$  |
|  | •                                   |  |   |   | ė.  |
|  | -                                   |  |   |   |   |
|  |                                     |  |   |   | \$  |
|  | y of a living trust, ex             | rom someone who has died<br>pect proceeds from a life insu       |   | e currently entitled to receive         |   |
|  | one has died.                       |  |   |   |   |
| ☑ No   | r                                   |  |   |   | 744A  |
| Yes. Give specific in                              | nformation                          |  |   |   | s   |
|  |                                     |  |   |   |   |
|  |                                     | not you have filed a lawsuit<br>, insurance claims, or rights to |   | nd for payment                          |   |
| ☑ No   |                                     |  |   |   |   |
| Yes. Describe each                                 | claim.                              |  |   |   | \$  |
| 34. Other contingent and u                         | unliquidated claims                 | of every nature, including                                       | counterclaims of                        | the debtor and rights                   |   |
| ☑ No   | • •                                 |  |   |   |   |
| Yes. Describe each                                 | claim.                              |  |   |   |   |
|  |                                     |  |   |   | \$  |
|  |                                     |  |   |   |   |
|  |                                     |  |   |   |   |
| 35. Any financial assets ye                        | ou did not already l                | ist  |   |   |   |
| ☑ No   | Γ                                   |  |   |   |   |
| Yes. Give specific ir                              | nformation                          |  |   |   | s   |
|  | L                                   |  |   |   |   |
| 00 Add the dellar value of                         | f all of your optrion               | from Part 4, including any                                       | antrica for nagas                       | you have attached                       |   |
|  | •                                   | moin Part 4, including any                                       | . •                                     | •                                       | <b>s</b> 80                                 |
|  |                                     |  |   | _                                       | ,   |
|  |                                     |  | *************************************** |   |   |
| Part 5: Describe A                                 | Any Business-R                      | elated Property You  | Own or Have a                           | an Interest In. List any ro             | eal estate in Part 1.                       |
| i on D   |                                     | - Indo   | alata d                                 |   |   |
|  | ny legal or equitabl                | e interest in any business-r                                     | elated property?                        |   |   |
| No. Go to Part 6.                                  |                                     |  |   |   |   |
| Yes. Go to line 38.                                |                                     |  |   |   |   |
|  |                                     |  |   |   | Current value of the                        |
|  |                                     |  |   |   | portion you own?                            |
|  |                                     |  |   |   | Do not deduct secured claims or exemptions. |
|  |                                     |  |   |   | C. CACHIPECINO.                             |
| 38. Accounts receivable o                          | r commissions you                   | ı already earned   |   |   |   |
| ☑ No   |                                     |  |   |   | ~•  |
| ☐ Yes. Describe                                    |                                     |  |   |   |   |
|  |                                     |  |   |   | <b>j</b> \$                                 |
| 39. Office equipment, furn                         | nishings, and suppl                 | ies  |   |   |   |
|  |                                     |  | achines, rugs, telepho                  | ones, desks, chairs, electronic devices | •   |
| ☑ No   |                                     |  | ·                                       |   |   |
| Yes. Describe                                      |                                     |  |   |   |   |
|  |                                     |  |   |   | P   |
| ****   |                                     |  | ,                                       |   |   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main

Debtor 1 Maria Document Page 18 of 44 Case number (if known) 22-21160-TPA

| 40. Machinery, fixtures, equipment, supplies you use in business, and tools    | s of your trade  |   |
|--|--|---|
| ₩ No   |  |   |
| Yes. Describe  | \$   |   |
|  |  |   |
| 41. Inventory  |  |   |
| Yes. Describe  | \$   |   |
|  |  |   |
| 42. Interests in partnerships or joint ventures                                |  |   |
| ✓ No ✓ Yes. Describe Name of entity:   | W. of annual state.  |   |
|  | % of ownership:<br>% \$  |   |
|  | <b></b>  |   |
|  |  |   |
| 42 Customer lists mailing lists or other compilations                          |  |   |
| 43. Customer lists, mailing lists, or other compilations  No                   |  |   |
| Yes. Do your lists include personally identifiable information (as def         | ined in 11 U.S.C. § 101(41A))?   |   |
| No Yes. Describe   |  |   |
| Tes. Describe  | \$   |   |
| 44 Any by singer valeted managery you did not already liet                     |  |   |
| 44. Any business-related property you did not already list   ✓ No              |  |   |
| Yes. Give specific   | \$   |   |
| information  | · · · · · · · · · · · · · · · · · · ·  |   |
|  | <u> </u>   |   |
|  | <u> </u>   |   |
|  | <u></u> \$   |   |
|  | \$   |   |
| 45. Add the dollar value of all of your entries from Part 5, including any ent | ries for pages you have attached   | C |
| for Part 5. Write that number here   | <b>1</b> V   |   |
|  |  |   |
| Part 6: Describe Any Farm- and Commercial Fishing-Related F                    | Property You Own or Have an Interest In.   |   |
| If you own or have an interest in farmland, list it in Part 1.                 |  |   |
| 46. Do you own or have any legal or equitable interest in any farm- or com     | norsial fishing related property?  |   |
| No. Go to Part 7.  | nercial hanning-related property:  |   |
| ☐ Yes. Go to line 47.  |  |   |
|  | Current value portion you continue to the continue of the cont |   |
|  | Do not deduct s  |   |
| 47. Farm animals   | or exemptions.   |   |
| Examples: Livestock, poultry, farm-raised fish                                 |  |   |
| ☑ No □ Yes   |  |   |
| ■ Tes  |  |   |
|  | \$   |   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main

Debtor 1

Documenten Page 19 of 44 case number (if known) 22-21160-TPA Maria Last Name

| 48. Crops—either growing or harvested   |                     |                                |          |  |  |  |  |
|---|---------------------|--------------------------------|----------|--|--|--|--|
| ✓ No ☐ Yes. Give specific information   |                     |                                | \$       |  |  |  |  |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No                             |                     |                                |          |  |  |  |  |
| ☐ Yes   |                     |                                | \$       |  |  |  |  |
| 50. Farm and fishing supplies, chemicals, and feed  |                     |                                | 4        |  |  |  |  |
| ☑ No □ Yes  |                     |                                |          |  |  |  |  |
| 51. Any farm- and commercial fishing-related property you did   | not already list    |                                | \$       |  |  |  |  |
| ☑ No  |                     |                                | <b>1</b> |  |  |  |  |
| Yes. Give specific information  |                     |                                | \$       |  |  |  |  |
| 52. Add the dollar value of all of your entries from Part 6, include for Part 6. Write that number here             |                     |                                | \$0      |  |  |  |  |
|   |                     |                                |          |  |  |  |  |
| Part 7: Describe All Property You Own or Have   | an Interest in That | You Did Not List Above         |          |  |  |  |  |
| 53. Do you have other property of any kind you did not already<br>Examples: Season tickets, country club membership | list?               |                                |          |  |  |  |  |
| ☑ No  |                     |                                | \$       |  |  |  |  |
| Yes. Give specific information  |                     |                                | \$       |  |  |  |  |
|   |                     |                                | \$       |  |  |  |  |
| 54. Add the dollar value of all of your entries from Part 7. Write  | that number here    | <b></b>                        | \$0      |  |  |  |  |
|   |                     |                                |          |  |  |  |  |
| Part 8: List the Totals of Each Part of this Form   | n                   |                                |          |  |  |  |  |
| 55. Part 1: Total real estate, line 2   |                     | <b>→</b>                       | \$85000  |  |  |  |  |
| 56. Part 2: Total vehicles, line 5  | \$7850              |                                |          |  |  |  |  |
| 57. Part 3: Total personal and household items, line 15   | \$850               |                                |          |  |  |  |  |
| 58. Part 4: Total financial assets, line 36   | \$80                |                                |          |  |  |  |  |
| 59. Part 5: Total business-related property, line 45  | \$0                 |                                |          |  |  |  |  |
| 60. Part 6: Total farm- and fishing-related property, line 52   | \$0                 |                                |          |  |  |  |  |
| 61. Part 7: Total other property not listed, line 54  | +\$0                |                                | ş        |  |  |  |  |
| 62. <b>Total personal property</b> . Add lines 56 through 61  | \$ 8780             | Copy personal property total 👈 | +\$8780  |  |  |  |  |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62  |                     |                                | \$93780  |  |  |  |  |
| • • •   |                     |                                |          |  |  |  |  |

## Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Mai Document Page 20 of 44

| Fill in this information to identify your case:                          |                     |             |           |  |  |
|--|---------------------|-------------|-----------|--|--|
| Debtor 1   | Maria               |             | Messenger |  |  |
|  | First Name          | Middle Name | Last Name |  |  |
| Debtor 2   |                     |             |           |  |  |
| (Spouse, if filir  | ng) First Name      | Middle Name | Last Name |  |  |
| United States Bankruptcy Court for the: Western District of Pennsylvania |                     |             |           |  |  |
| Case numbe   | er <u>22-21160-</u> | TPA         |           |  |  |
| (If known)   |                     |             |           |  |  |

**Identify the Property You Claim as Exempt** 

Check if this is an amended filing

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Brief descripti                                     | on of the property and line on | Current value of the                              | Amount of the exemption you claim  | Specific laws that allow exemption |
|---|--------------------------------|---|--|------------------------------------|
|   | that lists this property       | portion you own  Copy the value from Schedule A/B | Check only one box for each exemption.                                       |                                    |
| Brief description:                                  | Personal Residence             | \$ <u>85000</u>                                   | □ \$<br>■ 100% of fair market value, up to                                   |                                    |
| Schedule A/B:                                       | 1                              |   | any applicable statutory limit   |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B: | Buick Encore 2016 31           | \$ <u>7850</u>                                    | □ \$<br>■ 100% of fair market value, up to<br>any applicable statutory limit |                                    |
| Brief description: Line from Schedule A/B:          | Appliances 36                  | \$ <u>500</u>                                     | □ \$<br>■ 100% of fair market value, up to<br>any applicable statutory limit |                                    |

Doc 26 Case 22-21160-TPA Filed 07/18/22 Entered 07/18/22 16:49:17 Page 21 of 44

Document Pag <u>Mess</u>enger

Case number (if known) 22-21160-TPA

Debtor 1

Maria

Middle Name

Last Name **Additional Page** Part 2: Specific laws that allow exemption Brief description of the property and line Current value of the Amount of the exemption you claim on Schedule A/B that lists this property portion you own Check only one box for each exemption Copy the value from Schedule A/B Brief **Television** 100 **-**\$\_ description: 100% of fair market value, up to Line from 3.7 any applicable statutory limit Schedule A/B: Brief Clothes 250 **□** \$ description: 100% of fair market value, up to Line from 3.11 any applicable statutory limit Schedule A/B: Brief **Bank Deposit** 80 **\$** description: ☑ 100% of fair market value, up to Line from <u>4.1</u>7 any applicable statutory limit Schedule A/B: Brief **\$** description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B. Brief **\$** description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief **□** \$ \_ description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: **Brief \$** description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: **Brief □** \$ description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief **□**\$ description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B. Brief \$ description: 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B:

**Brief** 

description:

Schedule A/B:

Line from

**□** \$

☐ 100% of fair market value, up to

any applicable statutory limit

## Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 22 of 44

| Fill in this information to identify your case:     |              |             |           |  |  |  |
|---|--------------|-------------|-----------|--|--|--|
| Debtor 1  | Maria        |             | Messenger |  |  |  |
|   | First Name   | Middle Name | Last Name |  |  |  |
| Debtor 2  |              |             |           |  |  |  |
| (Spouse, if filing                                  | ) First Name | Middle Name | Last Name |  |  |  |
| United States Bankruptcy Court for the: District of |              |             |           |  |  |  |
| Case number (If known) 22-21160-TPA                 |              |             |           |  |  |  |

Check if this is an amended filing

#### Official Form 106D

#### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

| 1 AUDI AND MEGANDEIDGE                          |   | value of o | 87878 | claim<br>s | 85000 <sub>s</sub> | ny<br>2878 |
|---|---|------------|-------|------------|--------------------|------------|
| - MIDLAND MTG/MIDFIRST                          | Describe the property that secures the claim:                                       |            | 07070 | \$         |                    | 2010       |
| Creditor's Name 999 NW Grand Blvd Number Street | Home and Land   |            |       |            |                    |            |
|   | As of the date you file, the claim is: Check all that apply.                        |            |       |            |                    |            |
|   | Contingent  |            |       |            |                    |            |
| Oklahoma City OK 73118                          | Unliquidated  |            |       |            |                    |            |
| City State ZIP Code                             | ☐ Disputed  |            |       |            |                    |            |
| Who owes the debt? Check one.                   | Nature of lien. Check all that apply.   |            |       |            |                    |            |
| M Debtor 1 only                                 | ☐ An agreement you made (such as mortgage or secured                                |            |       |            |                    |            |
| Debtor 2 only                                   | car loan)   |            |       |            |                    |            |
| Debtor 1 and Debtor 2 only                      | Statutory lien (such as tax lien, mechanic's lien)                                  |            |       |            |                    |            |
| At least one of the debtors and another         | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset)                 |            |       |            |                    |            |
| ☐ Check if this claim relates to a              | Ctrief (including a right to offset)  | -          |       |            |                    |            |
| community debt  Date debt was incurred 12/18/14 |   |            |       |            |                    |            |
| 2   | Last 4 digits of account number   |            | 11056 |            | 7850 <sub>\$</sub> | 3206       |
| -FIRST NATE BK OF PA                            | Describe the property that secures the claim:                                       |            | 11030 | \$         |                    | 3200       |
| Creditor's Name  1 FNB Blvd                     | Car   |            |       |            |                    |            |
| Number Street                                   | -   |            |       |            |                    |            |
|   | As of the date you file, the claim is: Check all that apply.                        | J          |       |            |                    |            |
|   | Contingent  |            |       |            |                    |            |
| Hermitage Pa 16148                              | ☐ Unliquidated  |            |       |            |                    |            |
| City State ZIP Code                             | ☐ Disputed  |            |       |            |                    |            |
| Who owes the debt? Check one.                   | Nature of lien. Check all that apply.   |            |       |            |                    |            |
| Debtor 1 only                                   | ☐ An agreement you made (such as mortgage or secured                                |            |       |            |                    |            |
| Debtor 2 only                                   | car loan)   |            |       |            |                    |            |
| ☐ Debtor 1 and Debtor 2 only                    | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit |            |       |            |                    |            |
|   | Judgment lien from a lawsuit  |            |       |            |                    |            |
| At least one of the debtors and another         | Other (including a right to offset)   |            |       |            |                    |            |
| _   | Other (including a right to offset)   | -          |       |            |                    |            |
| _   | Other (including a right to offset)  Last 4 digits of account number                | -          |       |            |                    |            |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 23 of 44

Messenger Case n

Last Name

Debtor 1

Maria

Middle Name

Case number (if known) 22-21160-TPA

| Additional Page  Part 1: After listing any entries on this part by 2.4, and so forth.          | age, number them beginning with 2.3, followed  | Amount of claim | Column B  Value of collateral that supports this claim | Column C<br>Unsecured<br>portlons |
|--|--|-----------------|--|-----------------------------------|
|  | Describe the property that secures the claim:  | \$              | \$   | \$                                |
| Creditor's Name  |  |                 |  |                                   |
| Number Street  |  |                 |  |                                   |
| City State ZIP Code  | As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed   |                 |  |                                   |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |                 |  |                                   |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | □ An agreement you made (such as mortgage or secured car loan)     □ Statutory lien (such as tax lien, mechanic's lien)     □ Judgment lien from a lawsuit |                 |  |                                   |
| Check if this claim relates to a community debt  | Other (including a right to offset)  |                 |  |                                   |
| Date debt was incurred   | Last 4 digits of account number  |                 |  |                                   |
|  | Describe the property that secures the claim:  | \$              | \$   | \$                                |
| Creditor's Name  |  |                 |  |                                   |
| Number Street  |  |                 |  |                                   |
| Number   | As of the date you file, the claim is: Check all that apply.   | j               |  |                                   |
|  | □ Contingent   |                 |  |                                   |
|  | Unliquidated   |                 |  |                                   |
| City State ZIP Code  | ☐ Disputed   |                 |  |                                   |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |                 |  |                                   |
| Debtor 1 only  | _  |                 |  |                                   |
| Debtor 2 only  | An agreement you made (such as mortgage or secured car loan)   |                 |  |                                   |
| Debtor 1 and Debtor 2 only   | Statutory lien (such as tax lien, mechanic's lien)   |                 |  |                                   |
| At least one of the debtors and another  | Judgment lien from a lawsuit   |                 |  |                                   |
|  | Other (including a right to offset)  |                 |  |                                   |
| Check if this claim relates to a community debt  |  | •               |  | ·                                 |
| Date debt was incurred   | Last 4 digits of account number  |                 |  |                                   |
| Creditor's Name  | Describe the property that secures the claim:  | \$              | \$   | \$                                |
| Number Street  |  |                 | ·  |                                   |
|  | As of the date you file, the claim is: Check all that apply.   | -               |  |                                   |
|  | ☐ Contingent   |                 |  |                                   |
| City State ZIP Code  | ☐ Unliquidated ☐ Disputed  |                 |  |                                   |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |                 |  |                                   |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or secured   |                 |  |                                   |
| Debtor 2 only  | car loan)  |                 |  |                                   |
| Debtor 1 and Debtor 2 only   | Statutory lien (such as tax lien, mechanic's lien)   |                 |  |                                   |
| At least one of the debtors and another  | Judgment lien from a lawsuit   |                 |  |                                   |
| Check if this claim relates to a community debt  | Other (including a right to offset)  | -               |  |                                   |
| Date debt was incurred   | Last 4 digits of account number  |                 |  |                                   |
|  | in Column A on this page. Write that number here:  | \$              |  |                                   |
| If this is the last page of your form, Write that number here:                                 | add the dollar value totals from all pages.  | \$98934         |  |                                   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 24 of 44

Debtor 1

<u>Maria</u>

Messenger Case number (if known) 22-21160-TPA

|         | 1 HOLITANIO   | Milatio Hamio           |                                     |
|---------|---------------|-------------------------|-------------------------------------|
|         |               |                         |                                     |
|         |               |                         |                                     |
|         |               |                         |                                     |
| Part 2: | 1 1-4 041     | . 4 - D - NI - 4141 - J | for a Deht That You Already Listed  |
| Dart J. | I IET I ITNOM | E TO KO NOTITION        | TOP A DENT I NAT YOU AIREADY LISTED |

| ag<br>yo | ency is tryin<br>u have more | g to collect from you for a debt       | you owe to so<br>e debts that yo | meone else, list the cre<br>u listed in Part 1, list the | ot that you already listed in Part 1. For example, if a collection ditor in Part 1, and then list the collection agency here. Similarly, if e additional creditors here. If you do not have additional persons to |
|----------|------------------------------|--|----------------------------------|--|---|
|          |                              |  |                                  |  | On which line in Part 1 did you enter the creditor?   |
|          | Name                         |  | <u></u>                          | -  | Last 4 digits of account number   |
|          | Number                       | Street                                 |                                  |  |   |
|          |                              |  |                                  |  |   |
|          |                              |  |                                  |  |   |
|          | City                         |  | State                            | ZIP Code   |   |
|          |                              |  |                                  |  | On which line in Part 1 did you enter the creditor?   |
|          | Name                         |  |                                  |  | Last 4 digits of account number   |
|          | Number                       | Street                                 | . 10.00                          |  |   |
|          |                              |  |                                  |  |   |
|          | Oit.                         |  | Ctat-                            | 710 00-1-  |   |
| r        | City                         |  | State                            | ZIP Code   |   |
|          | None                         |  |                                  |  | On which line in Part 1 did you enter the creditor?   |
|          | Name                         |  |                                  |  | Last 4 digits of account number   |
|          | Number                       | Street                                 |                                  | <del></del>  |   |
|          |                              |  |                                  |  |   |
|          | City                         | ······································ | State                            | ZIP Code   |   |
|          | City                         |  | SIAIE                            | ZIF COUR   |   |
|          | Name                         |  |                                  |  | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number  |
|          | INGILIE                      |  | •                                |  | Last 4 digits of account number   |
|          | Number                       | Street                                 |                                  |  |   |
|          |                              |  |                                  |  |   |
|          | City                         |  | State                            | ZIP Code   |   |
| $\neg$   | J.Ly                         |  | Cidio                            |  | On which line in Part 1 did you enter the creditor?   |
|          | Name                         |  |                                  |  | Last 4 digits of account number   |
|          |                              |  |                                  |  |   |
|          | Number                       | Street                                 |                                  |  |   |
|          |                              |  |                                  | <del></del>  |   |
|          | City                         |  | State                            | ZIP Code   |   |
|          | - ·- <b>,</b>                |  | <del>-</del>                     |  | On which line in Part 1 did you enter the creditor?   |
|          | Name                         |  |                                  |  | Last 4 digits of account number   |
|          | <del>-</del>                 |  |                                  |  | <u> </u>  |
|          | Number                       | Street                                 |                                  |  |   |
|          |                              |  |                                  | ·  |   |
|          | City                         |  | State                            | ZIP Code   |   |
|          | -                            |  |                                  |  |   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main

|                 |                          |                            | )ocument     | Page 25 of 44 |
|-----------------|--------------------------|----------------------------|--------------|---------------|
| Fill in this    | information to ide       | ntify your case:           |              |               |
| Debtor 1        | Maria                    |                            | Messer       | nger          |
| J 505.0         | First Name               | Middle Name                | Last Name    |               |
| Debtor 2        |                          |                            |              |               |
| (Spouse, if fil | ing) First Name          | Middle Name                | Last Name    |               |
| United Stat     | es Bankruptcy Court for  | the: Western District of I | Pennsylvania |               |
| Case numb       | <sub>er</sub> 22-21160-7 | <sup>-</sup> PA            |              |               |
| (If known)      |                          |                            |              |               |

Check if this is an amended filing

#### Official Form 106E/F

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Part 1: List All of Your PRIORITY Unsecure  | ed Claims   |   |  |                                     |
|---|---|---|--|-------------------------------------|
| 1. Do any creditors have priority unsecured claims  | s against you?  |   |  |                                     |
| No. Go to Part 2.   |   |   |  |                                     |
| ☐ Yes.  |   |   |  |                                     |
| each claim listed, identify what type of claim it is. If<br>nonpriority amounts. As much as possible, list the<br>unsecured claims, fill out the Continuation Page of | reditor has more than one priority unsecured claim, list to a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's report 1. If more than one creditor holds a particular claim | nat clain<br>iame. If                             | n here and show b<br>you have more tha | oth priority and<br>an two priority |
| (For an explanation of each type of claim, see the i  | instructions for this form in the instruction bookiet.)   | 300000000000000000000000000000000000000           | l claim Priorit<br>amour               |                                     |
| 1   |   | _   | •                                      |                                     |
| Priority Creditor's Name  | Last 4 digits of account number   | \$  | \$                                     | \$                                  |
| Finding oreditors realite   | When was the debt incurred?   |   |  |                                     |
| Number Street   |   |   |  |                                     |
|   | As of the date you file, the claim is: Check all that appl  | γ.  |  |                                     |
|   | ☐ Contingent  | •   |  |                                     |
| City State ZIP Code   | ☐ Unliquidated  |   |  |                                     |
| Who incurred the debt? Check one.   | ☐ Disputed  |   |  |                                     |
| Debtor 1 only   | ,   |   |  |                                     |
| Debtor 2 only   | Type of PRIORITY unsecured claim:   |   |  |                                     |
| Debtor 1 and Debtor 2 only  | ☐ Domestic support obligations  |   |  |                                     |
| At least one of the debtors and another   | Taxes and certain other debts you owe the government  | :   |  |                                     |
| ☐ Check if this claim is for a community debt   | Claims for death or personal injury while you were  |   |  |                                     |
| Is the claim subject to offset?   | intoxicated  Other. Specify   |   |  |                                     |
| □ No  | Other. Specify  | _   |  |                                     |
| Yes   |   | ~ <del>************************************</del> |  |                                     |
| Priority Creditor's Name  | Last 4 digits of account number   | \$  | \$                                     | \$                                  |
| Priority Creditor's Name  | When was the debt incurred?   |   |  |                                     |
| Number Street   |   |   |  |                                     |
|   | As of the date you file, the claim is: Check all that appl  | y.  |  |                                     |
|   | Contingent  |   |  |                                     |
| City State ZIP Code   | Unliquidated  |   |  |                                     |
| Who incurred the debt? Check one.   | ☐ Disputed  |   |  |                                     |
| Debtor 1 only   | Type of PRIORITY unsecured claim:   |   |  |                                     |
| Debtor 2 only   | ☐ Domestic support obligations  |   |  |                                     |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | Taxes and certain other debts you owe the government  | t   |  |                                     |
| ☐ Check if this claim is for a community debt   | ☐ Claims for death or personal injury while you were intoxicated  |   |  |                                     |
| Is the claim subject to offset? ☐ No  | Other. Specify  | _   |  |                                     |
| ☐ Yes   |   |   |  |                                     |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Maria Docu**Mess**engeage 26 of: Adnumber (# known) 22-21160-TPA Debtor 1

| Priority Creditor's Name  Number Street  As of the date you file, the claim is: Check all that apply.  City State ZIP Code   Contingent   Unliquidated   Disputed    Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Domestic support obligations    At least one of the debtors and another   Claims for death or personal injury while you were intoxicated   Other. Specify    City State ZIP Code   Disputed    Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Domestic support obligations    Taxes and certain other debts you owe the government   Claims for death or personal injury while you were intoxicated   Other. Specify    Street   As of the date you file, the claim is: Check all that apply.    City State ZIP Code   Disputed    Who incurred the debt? Check one.   Debtor 1 only   Debtor 2 only   Debtor 2 only   Domestic support obligations    Taxes and certain other debts you owe the government    Claims for death or personal injury while you were intoxicated   Disputed    Type of PRIORITY unsecured claim:    Domestic support obligations    Taxes and certain other debts you owe the government    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were  | Total claim Priority amount | beginning with 2.3, followed by 2.4, and so forth.           | r listing any entries on this page, number them   |
|--|-----------------------------|--|---|
| When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZiP Code   Contingent   Uniquidated   Disputed   | \$<br>\$\$                  | Last 4 digits of account number                              |   |
| As of the date you flie, the claim is: Check all that apply.    Confingent   Indiquidated   Disputed   Dispute |                             | <del>-</del> — — — —   | Priority Creditor's Name  |
| As of the date you file, the claim is: Check all that apply.    Contingent   Uniquidated   Disputed  |                             | When was the debt incurred?                                  | Newstan   |
| Contingent   Uniquidated   U   |                             |  | Number Street   |
| Who incurred the debt? Check one.    Debtor 1 only   |                             | As of the date you file, the claim is: Check all that apply. |   |
| Who incurred the debt? Check one.  Disputed  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Last 4 digits of account number Street  As of the date you file, the claim is: Check all that apply. Confingent Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply. Confingent Confingent Others: Specify Domestic support obligations Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Yes  Last 4 digits of account number  Street  As of the date you file, the claim is: Check all that apply. Contingent Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Domestic support obligations Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Disputed Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Disputed Uniquidated Disputed Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  |                             | ☐ Contingent   |   |
| Who incurred the debt? Check one.    Debtor 1 and Debtor 2 conly   Debtor 1 and Debtor 2 conly   At least one of the debtors and another   Check if this claim is for a community debt   Debtor 1 and Debtor 2 conly   At least one of the debtors and another   Check if this claim is for a community debt   Debtor 1 and Debtor 2 conly   At least one of the debtors and another   Check if this claim is for a community debt   Debtor 1 and Debtor 2 conly   Debto |                             | ☐ Unliquidated   | City State ZIP Code   |
| Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 4 and Debtor 2 only   Debtor 4 and Debtor 2 only   Debtor 4 and Debtor 3 only   Debtor 4 and Debtor 2 only   Debtor 4 and Debtor 4 only   Debtor 5 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 8 only   Debtor 8 only   Debtor 8 only   Debtor 4 only   Debtor 8 only   Debtor 4 only   Debtor 6 only   Debtor 8 on   |                             | ☐ Disputed   |   |
| Debtor 2 only  |                             |  | Who incurred the debt? Check one.   |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Last 4 digits of account number □ Sheet □ Contingent □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 3 only □ Debtor 1 only □ Debtor 1 and Debtor 3 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor  |                             | Type of PRIORITY unsecured claim:                            |   |
| □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes    Nomber   Street   Street  |                             | ☐ Domestic support obligations                               |   |
| At east one of the debtors and another   Claims for death or personal injury while you were inincicitated   Other. Specify    |                             |  |   |
| Check if this claim is for a community debt   Intoxicated   Other. Specify    |                             |  |   |
| Other. Specify   Othe   |                             | intoxicated  | ☐ Check if this claim is for a community debt   |
| No   Yes   |                             | U Other. Specify   | unit  |
| Yes  |                             |  | Is the claim subject to offset?   |
| Yes  |                             |  | □ No ·  |
| Number   Street   When was the debt incurred?  |                             |  |   |
| Number   Street   When was the debt incurred?  |                             |  |   |
| When was the debt incurred?  | \$<br>\$\$                  | Last 4 digits of account number                              |   |
| As of the date you file, the claim is: Check all that apply.    Contingent   |                             |  | Priority Creditor's Name  |
| As of the date you file, the claim is: Check all that apply.    Contingent   Unliquidated   Disputed   |                             | When was the debt incurred?                                  |   |
| City State ZiP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Last 4 digits of account number Street  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZiP Code Debtor 2 only Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government Unliquidated Disputed  Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  | •                           |  | Number Street   |
| City State ZIP Code   Unliquidated   Disputed    Who incurred the debt? Check one.   Unliquidated   Disputed    Who incurred the debt? Check one.   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Claims for death or personal injury while you were intoxicated   Other. Specify    Is the claim subject to offset?   Check if this claim is for a community debt    Is the claim subject to offset?   Check if this claim is for a community debt   Check if this claim is for a community debt    Last 4 digits of account number   Size   Contingent   Contingent   Unliquidated   Disputed    Who incurred the debt? Check one.   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Claims for death or personal injury while you were intoxicated   Other. Specify   Claims for death or personal injury while you were intoxicated   Other. Specify   Check if this claim is for a community debt   Check if this c |                             | As of the date you file, the claim is: Check all that apply. |   |
| City State ZIP Code  |                             | ☐ Contingent   |   |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  When was the debt incurred?  Last 4 digits of account number Street  As of the date you file, the claim is: Check all that apply.  City State ZiP Code Unliquidated Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZiP Code Unliquidated Disputed  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Claims for death or personal injury while you were intoxicated Disputed  Claims for death or personal injury while you were intoxicated Disputed  Claims for death or personal injury while you were intoxicated Disputed  Claims for death or personal injury while you were intoxicated Disputed  |                             |  | City State ZIP Code   |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZIP Code Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated claims for death or personal injury whi |                             | ·  |   |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Street □ Check if this claim subject to offset? □ No □ Yes □ Ves □ Ves □ Ves □ Contingent □ Unliquidated □ Disputed □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Ves □ Contingent □ Unliquidated □ Disputed □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify  |                             |  | Who incurred the debt? Check one.   |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Last 4 digits of account number Street  As of the date you file, the claim is: Check all that apply.  City State ZiP Code Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZiP Code Disputed  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify  Claims for death or personal injury while you were intoxicated Other. Specify  |                             | Type of PRIORITY unsecured claim:                            | Debtor 1 only   |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify    No   |                             | <u>_</u>   |   |
| At least one of the debtors and another  |                             |  |   |
| intoxicated Other. Specify   |                             |  |   |
| Other. Specify   Othe   |                             |  | Observit Making at the trade of the control of the |
| Is the claim subject to offset?  No Yes  Last 4 digits of account number \$  |                             |  | Uneck if this claim is for a community debt   |
| No   Yes   Last 4 digits of account number   \$ \$ \$  |                             |  | Is the claim subject to offset?   |
| Yes   Last 4 digits of account number   \$ \$   \$   |                             |  |   |
| Priority Creditor's Name  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Claims for death or personal injury while you were intoxicated Other. Specify  State VIP Code Unliquidated Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Other. Specify  |                             |  |   |
| Priority Creditor's Name    When was the debt incurred?  |                             |  |   |
| Number Street  As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Unliquidated Disputed  Type of PRIORITY unsecured claim: Claims or death or personal injury while you were intoxicated Other. Specify  Other. Specify  | \$<br>\$\$                  | Last 4 digits of account number                              |   |
| As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Claims for death or personal injury while you were intoxicated Other. Specify   |                             |  | Priority Creditor's Name  |
| As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify  Other. Specify   |                             | When was the debt incurred?                                  | Number Street   |
| Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  |                             | As all the distances the three laborations of the second     | Number Street   |
| City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify   |                             | As of the date you file, the claim is: Check all that apply. |   |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Other. Specify   |                             | •  |   |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Other. Specify   |                             | ☐ Unliquidated   | City State ZIP Code   |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Other. Specify  |                             | ☐ Disputed   |   |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Other. Specify  |                             |  | _   |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Check if this claim is for a community debt  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were intoxicated  Other. Specify  Other. Specify  |                             | Type of PRIORITY unsecured claim:                            |   |
| □ Check if this claim is for a community debt  □ Check if this claim is for a community debt  □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Other. Specify   |                             | Domestic support obligations                                 |   |
| ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify  |                             |  |   |
| ☐ Check if this claim is for a community debt intoxicated ☐ Other. Specify   |                             |  | ☐ At least one of the debtors and another   |
| Other. Specify   |                             | intoxicated  | ☐ Check if this claim is for a community debt   |
| Later Devices March  |                             | Other. Specify   | Short if the stand to for a community debt  |
| is the claim subject to offset?  |                             |  | Is the claim subject to offset?   |
| □ No   |                             |  | -   |

Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Docu**Messenge**age 27 of:44number (if known) 22-21160-TPA Case 22-21160-TPA Maria Debtor 1 Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **USDA** Rural Development Last 4 digits of account number 5458 Nonpriority Creditor's Name 08/15/2016 When was the debt incurred? 4300 Goddfellow Blvd Number Street MO 63120 St. Louis As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Mo No Other. Specify\_ ☐ Yes 5286 Last 4 digits of account number Capitol One 09/11/2012 When was the debt incurred? Nonpriority Creditor's Name PO Box 31293 Number Street As of the date you file, the claim is: Check all that apply. ÜΤ Salt Lake City 84131 State ZIP Code □ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify ✓ No Yes Comenity Bank/Victoria Secret Last 4 digits of account number 500 Nonpriority Creditor's Name 06/13/2022 When was the debt incurred? PO Box 182789 Number Street OH43218 Columbus As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

Student loans

Other. Specify\_

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

**₩** No

☐ Yes

At least one of the debtors and another

☐ Check if this claim is for a community debt

7 Desc Main 60-TPA

| Debtor 1 | Case 22<br>Maria<br>First Name | -21160-TPA Middle Name | Doc 26       | Filed 07/18/22<br>Docu <b>Messe</b> nges | Entered 07/18/22 16:49:1<br>ge 28 of: 44 number (# known) 22-2116 |
|----------|--------------------------------|------------------------|--------------|--|---|
| Part 2:  | Your NO                        | NPRIORITY Unse         | ecured Clain | ns — Continuation Pa                     | ge  |

| After listing any entries on this                         | page, number the | m beginning wit | h 4.4, followed by 4.5, and so forth.   | Total olajm      |
|---|------------------|-----------------|---|------------------|
| Comennity Bank/Petlar                                     | nd               |                 | Last 4 digits of account number   | s 170            |
| Nonpriority Creditor's Name                               |                  |                 | — When was the debt incurred? 12/20/2015  | •                |
| PO Box 182789 Number Street                               |                  |                 |   |                  |
| Columbus  | ОН               | 43218           | As of the date you file, the claim is: Check all that apply.  |                  |
| City  | State            | ZIP Code        | Contingent  |                  |
| Who incurred the debt? Che                                | ck one           |                 | Unliquidated  |                  |
| Debtor 1 only   | or one.          |                 | ☐ Disputed  |                  |
| Debtor 2 only   |                  |                 | Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only                                |                  |                 | ☐ Student loans   |                  |
| At least one of the debtors a                             | and another      |                 | Obligations arising out of a separation agreement or divorce that   |                  |
| ☐ Check if this claim is for                              | a community debt |                 | you did not report as priority claims   |                  |
| Is the claim subject to offset                            |                  |                 | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify   |                  |
| No  | ••               |                 | Other. Specify  |                  |
| Yes   |                  |                 |   |                  |
| Macys/DSNB  |                  |                 | Last 4 digits of account number   | s <u>60</u>      |
| Nonpriority Creditor's Name                               |                  |                 | When was the debt incurred? 01/01/2016  |                  |
| PO Box 8218   |                  |                 | when was the debt incurred?   |                  |
| Number Street   | ОН               | 45040           | As of the date you file, the claim is: Check all that apply.  |                  |
| Mason<br>City   | State            | ZIP Code        | Contingent  |                  |
| Oily  | 5.4.5            |                 | ☐ Unliquidated  |                  |
| Who incurred the debt? Che                                | ck one.          |                 | Disputed  |                  |
| Debtor 1 only   | •                |                 |   |                  |
| Debtor 2 only   |                  |                 | Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only  At least one of the debtors a | and another      |                 | Student loans   |                  |
| At least one of the debtors a                             | and another      |                 | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                  |
| Check if this claim is for                                | a community debt |                 | Debts to pension or profit-sharing plans, and other similar debts   |                  |
| Is the claim subject to offse                             | t?               |                 | Other. Specify  |                  |
| ☑ No<br>□ Yes   |                  |                 |   |                  |
|   |                  |                 | Last 4 digits of account number   | <sub>\$265</sub> |
| Mariner Finance Nonpriority Creditor's Name               |                  |                 | _   |                  |
| 8211 Town Center Driv                                     | ve               |                 | When was the debt incurred? $01/08/2016$  |                  |
| Number Street   |                  |                 | As of the date you file, the claim is: Check all that apply.  |                  |
| Nottingham  | MD               | 21236           |   |                  |
| City  | State            | ZIP Code        | Contingent  |                  |
| Who incurred the debt? Che                                | eck one.         |                 | ☐ Unliquidated ☐ Disputed   |                  |
| Debtor 1 only   |                  |                 | _ Бюрисч  |                  |
| Debtor 2 only   |                  |                 | Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only                                |                  |                 | ☐ Student loans   |                  |
| At least one of the debtors a                             | and another      |                 | Obligations arising out of a separation agreement or divorce that   |                  |
| Check if this claim is for                                | a community debt |                 | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                        |                  |
| Is the claim subject to offse                             | _                |                 | Debts to pension or profit-snaring plans, and other similar debts  Other. Specify   |                  |
| ☑ No  |                  |                 |   |                  |
| Yes   |                  |                 |   |                  |

Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Docu**Messenge**age 29 of statenumber (if known) 22-21160-TPA Case 22-21160-TPA Maria First Name

Debtor 1

List Others to Be Notified About a Debt That You Already Listed

| xample, if a<br>, then list tl          | a collection agen<br>he collection age | cy is trying to o<br>ency here. Simil | collect from yo<br>arly, if you have | your bankruptcy, for a debt that you already listed in Parts 1 or 2. For use for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the lines to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|---|--|---------------------------------------|--------------------------------------|--|
| Name                                    |  |                                       |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name                                    |  |                                       |                                      | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| Number                                  | Street                                 |                                       |                                      | Part 2: Creditors with Nonpriority Unsecured Cla   |
|   |  |                                       |                                      | Late Batta Constitution  |
|   |  |                                       | 710.0                                | Last 4 digits of account number  |
| City                                    |  | State                                 | ZIP Code                             |  |
| Name                                    |  |                                       |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|   |  |                                       |                                      | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| Number                                  | Street                                 |                                       |                                      | Part 2: Creditors with Nonpriority Unsecured   |
|   |  |                                       |                                      | Claims   |
| City                                    |  | State                                 | ZIP Code                             | Last 4 digits of account number  |
| oity .                                  |  | O.C.                                  |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name                                    |  |                                       |                                      | On which entry in Part 1 of Part 2 did you list the original deditor:  |
|   |  |                                       |                                      | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claim  |
| Number                                  | Street                                 |                                       |                                      | ☐ Part 2: Creditors with Nonpriority Unsecured   |
|   |  |                                       |                                      | Claims   |
| City                                    |  | State                                 | ZIP Code                             | Last 4 digits of account number  |
| ·                                       |  | Otate                                 | 211 0000                             | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name                                    |  |                                       |                                      |  |
|   |  |                                       |                                      | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim   |
| Number                                  | Street                                 |                                       |                                      | Part 2: Creditors with Nonpriority Unsecured Claims  |
|   | <u></u>                                |                                       |                                      |  |
| City                                    |  | State                                 | ZIP Code                             | Last 4 digits of account number  |
| *************************************** |  |                                       |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name                                    |  |                                       |                                      |  |
|   |  |                                       |                                      | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim   |
| Number                                  | Street                                 |                                       |                                      | Part 2: Creditors with Nonpriority Unsecured Claims  |
|   |  |                                       |                                      | - Claim C  |
| City                                    |  | State                                 | ZIP Code                             | Last 4 digits of account number  |
|   |  |                                       |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name                                    |  |                                       | ****                                 |  |
| Numbor                                  | Street                                 |                                       |                                      | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim   |
| Number                                  | Sileet                                 |                                       |                                      | Part 2: Creditors with Nonpriority Unsecured Claims  |
|   |  |                                       |                                      |  |
| City                                    |  | State                                 | ZIP Code                             | Last 4 digits of account number  |
|   |  |                                       |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name                                    |  |                                       |                                      |  |
| Number                                  | Street                                 | · · · · · · · · · · · · · · · · · · · |                                      | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim:  |
|   | 2.1000                                 |                                       |                                      | Part 2: Creditors with Nonpriority Unsecured Claims  |
|   |  |                                       |                                      |  |
| City                                    |  | State                                 | ZIP Code                             | Last 4 digits of account number  |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Docu**Messenge**age 30 of:44number (if known) 22-21160-TPA

| Dart | 1. |
|------|----|

#### Add the Amounts for Each Type of Unsecured Claim

6j. Total. Add lines 6f through 6i.

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations 6a. **Total claims** from Part 1 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total. Add lines 6a through 6d. 6e. Total claim 6f. Student loans 6f. Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j.

Cont.: Schedule E/F Creditors Who Have Unsecured Claims
Part 2: List ALL of your NONPRIORITY Unsecured Claims

Monterey Financial Service 4095 Avenida De La Plata Oceanside CA, 92056 \$951 12/20/15

One Main PO Box 1010 Evansville, IN 47706 \$5, 287 01/10/19

One Main PO Box 1010 Evansville, IN 47706 \$8,150 01/06/18

SNYCB/AMER Eagle PO Box 965005 Orlando, FL 32896 \$266 02/25/16

SYNCB/Care Credit 950 Forrer Blvd Kettering, OH 45420 \$446 01/21/2015

SYNCB/JCP PO Box 965007 Orlando, FL 32896 \$1,276 05/10/15 SYNCB/Lowes PO Box 965007 Orlando, FL 32896 \$1,205 08/16/15

SYNCB/Walmart PO Box 965007 Orlando, FL 32896 \$2,814 12/12/14

TBOM/Genesis Retail PO Box 4499 Beaverton, OR 97076 \$1,800 02/25/18

TDBankUSA/TargetCred PO Box 673 Minneapolis, MN 55440 \$700 05/24/16

Western Credit Union 3700 E Alameda Ave Denver, CO 80209 \$3,800 09/02/15

WF Bank NA PO Box 14517 Des Moines, IA 50306 \$2,800 12/20/14

AmeriCollect Inc PO Box 1566 Manitowoc, WI 54221 \$65 12/10/19 Cavalry Portfolio Services PO Box 27288 Tempe, AZ 85285 \$661 01/04/21

Choice Recovery 1105 Schrock Rd STE 700 Columbus, OH 43229 \$107 08/12/20

Choice Recovery 1105 Schrock Rd STE 700 Columbus, OH 43229 \$137 03/03/21

Choice Recovery 1105 Schrock Rd STE 700 Columbus, OH 43229 \$147 08/18/21

Credit CollUSA
16 Distributor Dr
STE 2
Morgantown, WV 26501
\$108
08/03/20

Portfolio Recovery Association 150 Corporate Blvd Norfolk, WV 23502 \$1,108 07/20/21

# Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 34 of 44

| Fill in this information to identify   | your case:   |   |                             |  |  |
|--|--|---|-----------------------------|--|--|
| Debtor 1 Maria   |  | Messenger   | -                           |  |  |
| First Name  Debtor 2   | Middle Name  | Last Name   |                             |  |  |
| (Spouse, if filing) First Name   | Middle Name  | Last Name   |                             |  |  |
| United States Bankruptcy Court for the: \  | •  | /Ivania   |                             |  |  |
| Case number 22-21160-TPA   | 1  |   |                             | Check if the                                 |  |
|  |  |   |                             |  | ended filing<br>lement showing postpetition chapter 13   |
|  |  |   |                             |  | e as of the following date:  |
| Official Form 106I   |  |   |                             | MM / D                                       | D/ YYYY  |
| Schedule I: You  | ır Income  |   |                             |  | 12/15  |
| supplying correct information. If yo   | ou are married and not fi<br>ise is not filing with you,<br>top of any additional pa | ling jointly, and you<br>do not include info      | ur spouse is<br>ormation ab | living with y<br>out your spo                | r 2), both are equally responsible for ou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question. |
| Fill in your employment information.   |  | Debtor 1  |                             |  | Debtor 2 or non-filling spouse   |
| If you have more than one job, attach a separate page with information about additional employers.                                     | Employment status  | <ul><li> Employed</li><li> Not employed</li></ul> | ed                          |  | ☐ Employed ☐ Not employed  |
| Include part-time, seasonal, or self-employed work.  |  |   |                             |  |  |
| Occupation may include student or homemaker, if it applies.  | Occupation   | Housekeeper                                       |                             |  |  |
|  | Employer's name  | Candlewood S                                      | Suites                      |  |  |
|  | Employer's address   | 715 Rostravel<br>Number Street                    | rAd                         | 2300 a 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Number Street  |
|  |  |   |                             |  |  |
|  |  | Belle Vernon                                      | PA<br>State ZIP             | 15012<br>Code                                | City State ZIP Code  |
|  | How long employed the  | •   | Oldic Zii                   | Code   | only can in con-   |
|  | now long employed an   |   |                             |  |  |
| Part 2: Give Details About   | : Monthly Income   |   |                             |  |  |
| Estimate monthly income as of spouse unless you are separated.  If you or your non-filing spouse had below. If you need more space, at | ave more than one employ   | ver, combine the info                             |                             |  | ite \$0 in the space. Include your non-filing  |
|  |  |   | Fo                          | r Debtor 1                                   | For Debtor 2 or non-filing spouse  |
| List monthly gross wages, sala deductions). If not paid monthly,   |  |   | 2. \$                       | 1600   | \$   |
| 3. Estimate and list monthly over  | rtime pay.   |   | 3. +\$                      | 0  | + \$   |
| 4. Calculate gross income. Add li  | ne 2 + line 3.   |   | 4. \$                       | 1600   | \$   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 35 of 44

Last Name

Debtor 1

Maria

Middle Name

Messenger

Case number (if known) 22-21160-TPA

|             |   | *********** | For      | Debtor 1         | For Debtor 2 or          |     |       |           |             |
|-------------|---|-------------|----------|------------------|--------------------------|-----|-------|-----------|-------------|
|             |   |             |          | 1600             | non-filing spouse        |     |       |           |             |
|             | Copy line 4 here  | 4.          | \$       | 1000             | \$                       |     |       |           |             |
| 5. <b>I</b> | List all payroll deductions:  |             |          |                  |                          |     |       |           |             |
|             | 5a. Tax, Medicare, and Social Security deductions   | 5a.         | \$       | 260              | \$                       |     |       |           |             |
|             | 5b. Mandatory contributions for retirement plans  | 5b.         | \$       | 0                | \$                       |     |       |           |             |
|             | 5c. Voluntary contributions for retirement plans  | 5c.         | \$       | 0                | \$                       |     |       |           |             |
|             | 5d. Required repayments of retirement fund loans  | 5d.         | \$       | 0                | \$                       |     |       |           |             |
|             | 5e. Insurance   | 5e.         | \$       | 0                | \$                       |     |       |           |             |
|             | 5f. Domestic support obligations  | 5f.         | \$       | 0                | \$                       |     |       |           |             |
|             | 5g. Union dues  | 5g.         | \$       | 0                | \$                       |     |       |           |             |
|             | 5h. Other deductions. Specify:  | 5h.         | +\$      | 0                | + \$                     |     |       |           |             |
| 6.          | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.   | 6.          | \$       | 260              | \$                       |     |       |           |             |
| 7.          | Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$       | 1340             | \$                       |     |       |           |             |
| 8.          | List all other income regularly received:   |             |          |                  |                          |     |       |           |             |
|             | 8a. Net income from rental property and from operating a business, profession, or farm  |             |          |                  |                          |     |       |           |             |
|             | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.         | \$       | 0                | \$                       |     |       |           |             |
|             | 8b. Interest and dividends  | 8b.         | \$       | 0                | \$                       |     |       |           |             |
|             | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive   | nt          |          |                  |                          |     |       |           |             |
|             | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.         | \$       | 0                | \$                       |     |       |           |             |
|             | 8d. Unemployment compensation   | 8d.         | \$       | 0                | \$                       |     |       |           |             |
|             | 8e. Social Security   | 8e.         | \$       | 0                | \$                       |     |       |           |             |
|             | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | e<br>8f.    | \$       | 0                | \$                       |     |       |           |             |
|             | 8g. Pension or retirement income  | 8g.         | \$       | 0                | . \$                     |     |       |           |             |
|             | 8h. Other monthly income. Specify:  | 8h.         | + ¢      | 0                | + \$                     |     |       |           |             |
| 9.          | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.          | \$       | 0                | \$                       |     |       |           |             |
|             | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.         | \$       | 1340             | \$                       | =   | \$    | 1340      | <u> </u>    |
| 11.         | State all other regular contributions to the expenses that you list in Schedu   | ule J       |          |                  |                          | _   |       |           |             |
|             | Include contributions from an unmarried partner, members of your household, your friends or relatives.  |             |          | ents, your roomr | mates, and other         |     |       |           |             |
|             | Do not include any amounts already included in lines 2-10 or amounts that are n   | not av      | /ailable | to pay expense   | es listed in Schedule J. |     |       | ,         |             |
|             | Specify:  |             |          |                  | _ 11                     | . + | \$    |           | -           |
|             | Add the amount in the last column of line 10 to the amount in line 11. The r<br>Write that amount on the Summary of Your Assets and Liabilities and Certain St  |             |          |                  | -                        |     | \$    |           | -<br>-<br>- |
| 13          | 3. Do you expect an increase or decrease within the year after you file this fo   | orm?        |          |                  |                          |     | month | ly income |             |
|             | Yes. Explain:   |             |          |                  |                          |     |       |           |             |

# Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 36 of 44

| Fill in this information to identif  | y your case:   |   |   |                                    |
|--|--|---|---|------------------------------------|
| Debtor 1 Maria   | Messe  | enger Check if th   | ie ie:  |                                    |
| First Name   | Middle Name Last Name  |   |   |                                    |
| Debtor 2 (Spouse, if filing) First Name  | Middle Name Last Name  | An ame  | ended filing<br>lement showing post               | netition chanter 13                |
| United States Bankruptcy Court for the   | : Western District of Pennsylvania   |   | es as of the following                            |                                    |
| Case number 22-21160-TP  | Α  | MM / DI   | D/ YYYY   |                                    |
| (If known)   |  |   |   |                                    |
| Official Form 106J   | _  |   |   |                                    |
| Schedule J: Yo   | our Expenses   |   |   | 12/15                              |
| Be as complete and accurate as information. If more space is nee (if known). Answer every question | possible. If two married people are filing deed, attach another sheet to this form on. | ng together, both are equally r<br>. On the top of any additional         | esponsible for supply<br>pages, write your nan    | ring correct<br>ne and case number |
| Part 1: Describe Your Ho   | ousehold   |   |   |                                    |
| 1. Is this a joint case?   |  |   |   | <del></del>                        |
| No. Go to line 2.  Yes. Does Debtor 2 live in a  | a separate household?  |   |   |                                    |
| □ No   |  |   |   |                                    |
|  | file Official Form 106J-2, Expenses for S  | eparate Household of Debtor 2.  |   |                                    |
| 2. Do you have dependents?   | <b>☑</b> No  | Danas dantia valationahin to  | Dependent's                                       | Does dependent live                |
| Do not list Debtor 1 and Debtor 2.   | Yes. Fill out this information for each dependent                                      | Dependent's relationship to<br>Debtor 1 or Debtor 2                       | age   | with you?                          |
| Do not state the dependents'   | oudi dopondoni   |   |   | ☐ No☐ Yes                          |
| names.   |  |   |   | □ No                               |
|  |  |   |   | ☐ Yes                              |
|  |  |   |   | □ No                               |
| ***************************************  |  |   |   | ☐ Yes                              |
|  |  |   | <u> </u>  | ☐ No☐ Yes                          |
|  |  |   |   | □ No                               |
|  |  |   |   | Yes                                |
| Do your expenses include     expenses of people other than     yourself and your dependents        |  |   |   |                                    |
|  |  |   |   |                                    |
|  | joing Monthly Expenses   |   | ment in a Chantar 12                              | case to report                     |
| Estimate your expenses as of your expenses as of a date after the b                                | our bankruptcy filing date unless you a<br>pankruptcy is filed. If this is a suppleme  | ire using this form as a supple<br>ental <i>Schedule J</i> . check the bo | ement in a Chapter 13<br>ox at the top of the for | m and fill in the                  |
| applicable date.   |  | •   | -   |                                    |
| 3  | on-cash government assistance if you   |   |   |                                    |
|  | ded it on Schedule I: Your Income (Offi  |   | Your exp  | enses                              |
| The rental or home ownership any rent for the ground or lot.                                       | p expenses for your residence. Include   | first mortgage payments and   | 4. \$   | 800                                |
| If not included in line 4:   |  |   |   | 0                                  |
| 4a. Real estate taxes  |  |   | 4a. \$  | 0                                  |
| 4b. Property, homeowner's, o   | r renter's insurance   |   | 4b. \$  | 0                                  |
| 4c. Home maintenance, repa   | ir, and upkeep expenses  |   | 4c. \$  | 0                                  |
| 4d. Homeowner's association  | ı or condominium dues  |   | 4d. \$  | 0                                  |

## Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 37 of 44

Debtor 1

Maria First Name

....

<u>Messe</u>nger

Case number (if known) 22-21160-TPA

|  |      | Your exper  | ses |
|--|------|-------------|-----|
|  |      | , Jul exper | 0   |
| 5. Additional mortgage payments for your residence, such as home equity loans  | 5.   | \$          |     |
| 6. Utilities:  |      |             |     |
| 6a. Electricity, heat, natural gas   | 6a.  | \$          | 205 |
| 6b. Water, sewer, garbage collection   | 6b.  | \$          | 100 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.  | \$          | 40  |
| 6d. Other. Specify: Sewage   | 6d.  | \$          | 55  |
| 7. Food and housekeeping supplies  | 7.   | \$          | 450 |
| B. Childcare and children's education costs  | 8.   | \$          | 0   |
| 9. Clothing, laundry, and dry cleaning   | 9.   | \$          | 0   |
| 0. Personal care products and services   | 10.  | \$          | 0   |
| Medical and dental expenses  | 11.  | \$          | 0   |
| <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol> | 12.  | \$          | 200 |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  | \$          | 0   |
| 4. Charitable contributions and religious donations  | 14.  | \$          | 0   |
| <ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>  |      |             |     |
| 15a. Life insurance  | 15a. | \$          | 0   |
| 15b. Health insurance  | 15b. | \$          | 0   |
| 15c. Vehicle insurance   | 15c. | \$          | 215 |
| 15d. Other insurance. Specify:   | 15d. | \$          | 0   |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:                             | 16.  | \$          | 0   |
| 7. Installment or lease payments:  |      |             |     |
| 17a. Car payments for Vehicle 1  | 17a. | \$          | 430 |
| 17b. Car payments for Vehicle 2  | 17b. | \$          | 0   |
| 17c. Other. Specify:   | 17c. | \$          | 0   |
| 17d. Other. Specify:   | 17d. | \$          | 0   |
| 8. Your payments of alimony, maintenance, and support that you did not report as deducted from                         |      |             |     |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.  | \$          | 0   |
| 9. Other payments you make to support others who do not live with you.   |      |             |     |
| Specify:   | 19.  | \$          | 0   |
| 0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom                 | ne.  |             |     |
| 20a. Mortgages on other property   | 20a. | \$          | 0   |
| 20b. Real estate taxes   | 20b. | \$          | 0   |
| 20c. Property, homeowner's, or renter's insurance  | 20c. | \$          |     |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. | \$          | 0   |
| 20e. Homeowner's association or condominium dues   | 20e. | \$          | 0   |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 38 of 44

| Debtor 1         |           | //aria<br>First Name | Middle Name   | Last Name         | Messe           | nger             | Case number (if k | nown <u>) <b>22</b>·</u> | <u>-21160-</u> | TPA |   |
|------------------|-----------|----------------------|---|-------------------|-----------------|------------------|-------------------|--------------------------|----------------|-----|---|
| 21. <b>Ot</b> l  | her. Sp   | ecify:               |   |                   |                 |                  |                   | 21.                      | +\$            | -   | 0                                       |
| 2. <b>Ca</b>     | lculate   | your monthly         | y expenses.   |                   |                 |                  |                   |                          |                |     |   |
| 228              | a. Add I  | lines 4 through      | ı 21.   |                   |                 |                  |                   | 22a.                     | \$             |     | 2280                                    |
| 22               | о. Сору   | line 22 (mont        | hly expenses for D  | ebtor 2), if any, | from Official I | Form 106J-2      |                   | 22b.                     | \$             |     | 0                                       |
| 220              | c. Add li | line 22a and 2       | 2b. The result is yo  | ur monthly expe   | enses.          |                  |                   | 22c.                     | \$             |     | 0                                       |
| 23. <b>Cal</b> o | culate y  | your monthly         | net income.   |                   |                 |                  |                   |                          | •              |     | 1340                                    |
| 23a.             | Copy      | y line 12 (your      | combined monthly  | income) from S    | Schedule I.     |                  |                   | 23a.                     | \$             |     | 1040                                    |
| 23b.             | Copy      | y your monthly       | expenses from lin   | e 22c above.      |                 |                  |                   | 23b.                     | -\$            |     | 2280                                    |
| 23c.             |           | -                    | thly expenses from<br>monthly net income                          |                   | ncome.          |                  |                   | 23c.                     | \$             |     | -940                                    |
| For              | examp     | le, do you exp       | ase or decrease in<br>sect to finish paying<br>crease or decrease | for your car loa  | an within the y | vear or do you e | xpect your        |                          |                |     |   |
|                  | No.       |                      |   |                   |                 |                  |                   |                          |                |     |   |
|                  | Yes.      | Explain here         | <b>e</b> :  |                   |                 |                  |                   |                          |                |     | *************************************** |
|                  |           | ****                 |   |                   |                 |                  |                   |                          |                |     |   |
|                  |           |                      |   |                   |                 |                  |                   |                          |                |     |   |
|                  |           |                      |   |                   |                 |                  |                   |                          | -              |     |   |

## Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 39 of 44

| ebtor 1            | Maria               |                               | Messenger    |  |
|--------------------|---------------------|-------------------------------|--------------|--|
|                    | First Name          | Middle Name                   | Last Name    |  |
| ebtor 2            |                     |                               |              |  |
| Spouse, if filing) | First Name          | Middle Name                   | Last Name    |  |
| nited States       | Bankruptcy Court fo | or the: Western District of F | Pennsylvania |  |

Check if this is an amended filing

#### Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| No   |   |
|--|---|
| Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and    |
|  | Signature (Official Form 119).                                    |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| er penalty of periury. I declare that I ha   | ve read the summary and schedules filed with this declaration and |
| er penalty of perjury, I declare that I ha<br>they are true and correct.                               | ve read the summary and schedules filed with this declaration and |
| er penalty of perjury, I declare that I ha<br>they are true and correct.                               | ve read the summary and schedules filed with this declaration and |
| er penalty of perjury, I declare that I ha<br>they are true and correct.                               | ve read the summary and schedules filed with this declaration and |
| er penalty of perjury, I declare that I ha<br>they are true and correct.                               | ve read the summary and schedules filed with this declaration and |
| they are true and correct.   | ve read the summary and schedules filed with this declaration and |
| der penalty of perjury, I declare that I ha<br>t they are true and correct.                            | ve read the summary and schedules filed with this declaration and |
| ey are true and correct.   | ve read the summary and schedules filed with this declaration and |
| r penalty of perjury, I declare that I ha<br>hey are true and correct.  Mule Mesury  ature of Debtor 1 | ve read the summary and schedules filed with this declaration and |

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Fill in this information to identify your case: Check one box only as directed in this form and in Form 122A-1Supp: Messenger Maria Debtor 1 1. There is no presumption of abuse. Debtor 2 2. The calculation to determine if a presumption of (Spouse, if filing) First Name Middle Name Last Name abuse applies will be made under Chapter 7 United States Bankruptcy Court for the: Western District of Pennsylvania Means Test Calculation (Official Form 122A-2). Case number 22-21160-TPA 3. The Means Test does not apply now because of (If known) qualified military service but it could apply later. Check if this is an amended filing Official Form 122A-1 **Chapter 7 Statement of Your Current Monthly Income** 12/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: **Calculate Your Current Monthly Income** 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 2 or Debtor 1 non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions 1600 (before all payroll deductions). 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, Debtor 1 Debtor 2 0 Gross receipts (before all deductions) 0 Ordinary and necessary operating expenses Copy **\$** 0 Net monthly income from a business, profession, or farm Debtor 1 Debtor 2 6. Net income from rental and other real property Gross receipts (before all deductions) 0 - \$ Ordinary and necessary operating expenses Copy Net monthly income from rental or other real property 0 Interest, dividends, and royalties

# Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 41 of 44

| tor 1   | Maria First Name Middle Na  |   | senger   | Case number (if known) 2 | 2-21160-TPA                            |                             |
|---|---|---|--|--------------------------|--|-----------------------------|
|   |   |   |  | Column A Debtor 1        | Column B Debtor 2 or non-filing spouse |                             |
| 3. Unem   | nployment compensa  | ation   |  | \$O                      | \$                                     |                             |
|   |   | ou contend that the amouct. Instead, list it here:  |  |                          |  |                             |
| For   | r you   |   | \$   |                          |  |                             |
| For   | r your spouse   |   | ··· \$   |                          |  |                             |
| benef<br>not in<br>United<br>disab<br>pay p<br>does | fit under the Social Ser<br>aclude any compensati<br>d States Government<br>oility, or death of a men<br>acid under chapter 61 of<br>not exceed the amour | curity Act. Also, except as<br>ion, pension, pay, annuity,<br>in connection with a disab<br>nber of the uniformed serv<br>of title 10, then include tha | ility, combat-related injury or<br>rices. If you received any retired<br>t pay only to the extent that it<br>ou would otherwise be entitled it   | * <u> </u>               | \$                                     |                             |
| Do no<br>as a v<br>terror<br>State<br>death         | ot include any benefits<br>victim of a war crime, a<br>rism; or compensation,<br>as Government in conn<br>n of a member of the u                          | received under the Social<br>a crime against humanity,<br>, pension, pay, annuity, or<br>section with a disability, con<br>niformed services. If neces  | pecify the source and amount. I Security Act; payments receive or international or domestic allowance paid by the United mbat-related injury or disability, ssary, list other sources on a |                          |  |                             |
| separ   | rate page and put the t   | total below.  |  | ¢ 0                      | ¢                                      |                             |
|   |   |   |  | \$0<br>© 0               | <b>a</b>                               |                             |
|   |   | -   |  | \$0<br>+ ¢ 0             | <b>\$</b>                              |                             |
| Tota  | al amounts from separa  | ate pages, if any.  |  | + \$0                    | + \$                                   |                             |
| colum   | nn. Then add the total  | for Column A to the total f   |  | \$1600                   | +                                      | Total current monthly incor |
| Part 2:   |   | ther the Means Test A   |  |                          |  |                             |
|   | •   | •   | ne 11  | C                        | opy line 11 here                       | <sub>\$</sub> 1600          |
| 12a.  |   |   |  |                          | pye                                    | <b>x</b> 12                 |
|   |   | umber of months in a year   |  |                          | 405                                    | \$ 19,20                    |
| 12b.  | The result is your an   | nual income for this part of  | t the form.  |                          | 12b.                                   | <u>φ</u> 10,20              |
| 3. Calcı  | ulate the median fam  | ily income that applies t   | o you. Follow these steps:   |                          |  |                             |
| Fill in   | ι the state in which yοι  | u live.   | Pennsylvania   |                          |  |                             |
| Fill in   | the number of people  | e in your household.  | 1  |                          |  |                             |
| To fir  | nd a list of applicable n   | median income amounts, g  | e of household<br>go online using the link specified<br>ble at the bankruptcy clerk's office   | in the separate          | 13.                                    | \$ 5,30                     |
| 14. <b>How</b>                                      | do the lines compare  | e?  |  |                          |  |                             |
| 14a. <b>(</b>                                       | Line 12b is less th<br>Go to Part 3. Do N   | an or equal to line 13. On<br>NOT fill out or file Official F   | the top of page 1, check box 1,<br>Form 122A-2   | There is no presumptio   | on of abuse.                           |                             |
| 14b. [  | ☐ Line 12h is mare t  | han line 13. On the top of  | page 1, check box 2, The presu   | motion of abuse is det   | ermined by Form 122                    | A-2.                        |
|   |   | ill out Form 122A–2.  | page 1, check box 2, The presu   | mphon or abacc is act.   |  |                             |

# Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 42 of 44

| ebtor 1 | Maria First Name Middle Nam | Messengel<br>ne Last Name            | Case number (if known) 22-21160-TPA   |
|---------|-----------------------------|--------------------------------------|---|
| Part 3: | Sign Below                  |                                      |   |
|         | By signing here, I de       | clare under penalty of perjury tha   | t the information on this statement and in any attachments is true and correct. |
|         | * Male                      | Messey                               | *   |
|         | Signature of Debtor         | 1 0                                  | Signature of Debtor 2   |
|         | Date 1/17/                  | <del>2L</del><br>YYYY                | Date  |
|         | If you checked lir          | ne 14a, do NOT fill out or file Forn | n 122A–2.   |
|         | If you checked lir          | ne 14b, fill out Form 122A–2 and t   | file it with this form.   |

## Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 43 of 44

| Fill in this inf                | formation to ide    | entify your case:          |                        |
|---------------------------------|---------------------|----------------------------|------------------------|
| Debtor 1                        | Maria<br>First Name | Middle Name                | Messenger<br>Last Name |
| Debtor 2<br>(Spouse, if filing) |                     | Middle Name                | Last Name              |
| United States I                 | Bankruptcy Court f  | or the: Western District o | f Pennsylvania         |
| Case number (If known)          | 22-21160-           | TPA                        |                        |
| , ,                             |                     |                            |                        |

#### Official Form 108

Part 1:

securing debt:

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

**List Your Creditors Who Have Secured Claims** 

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

# 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. | Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | Creditor's name: | Midland MTG MIDFIRST | Surrender the property. | No

| Creditor's name: Midland MTG MIDFIRST  Description of House and Land property securing debt: | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☑ No<br>☑ Yes<br> |
|--|---|-------------------|
| Creditor's name: First National Bank  Description of Buick Encore property securing debt:    | □ Surrender the property. □ Retain the property and redeem it. ☑ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No<br>☑ Yes     |
| Creditor's name:  Description of property securing debt:                                     | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ No<br>☐ Yes     |
| Creditor's name:  Description of property  | ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a   | ☐ No<br>☐ Yes     |

Reaffirmation Agreement.

☐ Retain the property and [explain]: \_

Case 22-21160-TPA Doc 26 Filed 07/18/22 Entered 07/18/22 16:49:17 Desc Main Document Page 44 of 44

| Ma | ria |  |
|----|-----|--|
|    |     |  |

Case number (If known) 22-21160-TPA

| Debtor 1 | Maria      |             |           | Messenger |
|----------|------------|-------------|-----------|-----------|
|          | First Name | Middle Name | Last Name | *         |

| Describe your unexpired personal property leases                                     | Will the lease be assumed?                    |
|--|---|
| Lessor's name:   | □ No  |
| Description of leased property:  | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased property:  | Yes   |
| _essor's name:   | □ No  |
| Description of leased property:  | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased property:  | Yes   |
| Lessor's name:   | □ No  |
| Description of leased property:  | ·□ Yes  |
| Lessor's name:   | □ No  |
| Description of leased property:  | Yes   |
| Lessor's name:   | □ No  |
| Description of leased property:  | ☐ Yes   |
|  |   |
| t 3: Sign Below  |   |
| nder penalty of perjury, I declare that I have indicated my intention about any prop | erty of my estate that secures a debt and any |